

Northwest Autism Center and Domino Project

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Executive Director

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History

- Autism Task Force,November 2001-May2003
 - Mission statement and flyer
 - Formal needs assessment
 - Catch grant
 - Site visits

- Northwest AutismCenter
 - Incorporated by stateNovember 2002
 - Final federal approval for 501c3 November 2003
 - Strategic plan



NAC Strategic Goals

- Development of Northwest Autism Center's capacity to serve our region for the benefit of children and adults with ASD and their families
- <u>Improved access</u> to timely and effective screening, diagnosis, and early intervention for children with ASD
- Strengthened ability of families to help, support, and serve loved ones with ASD
- Strengthened ability of educators to provide quality education to individuals and families with ASD



NAC Goals, continued....

- Strengthened ability of area healthcare and treatment providers to serve individuals with ASD
- Growth in replicable, sustainable service and training programs to enhance the care of individuals with ASD
- <u>Development of a strong, unified community coalition</u> of individuals, families, educators and providers working for children and adults with ASD
- Development of a culture and community of life-long support, acceptance and understanding for individuals with ASD and their families.

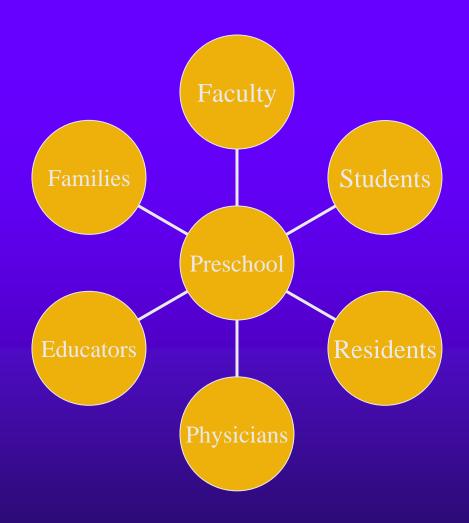


Domino Project

◆ Models marriage of healthcare, mental health and education in provision of early intervention services for child and family.

Community vestment and participation







Obstacles

- Access
 - Geography
 - Finances
 - Education (training)
 - Awareness(marketing)

- Availability
 - Awareness
 - Education
 - Finances
 - Policy
 - Systems regulations
 - Social mores and conventions



How did we get here?

- Witch burning
- Court jesters
- Drowning
- Abandoned
- Hidden
- ◆ Institutionalized

- ♦ De-institutionalization
- ADA (from Rehabilitation Act of 1973)
- IDEA (from Education for All Handicapped Children Act of 1975)



Current conditions

- Physicians and dentists with cap on serving kids with disabilities (if less than 15% of your practice is disabilities, and less than 5% a specific disability, where is logic in spending time and money on extra training in that area?)
- Physicians and dentists with cap on serving kids covered by Medicaid
- Mental health only available to those who are Medicaid eligible, and without a diagnosis of autism (again, this perpetuates continued lack of training – no applicable service area, no growing



Conditions continued...

- No coverage for case management, so no improvement in consultation or collaboration.
 Disincentive for team approach.
- No CPT codes for appropriate treatments and interventions.
- ♦ No mental health services in education system (up until past year Spokane Schools had MAP program – only one in state).



Conditions continued...

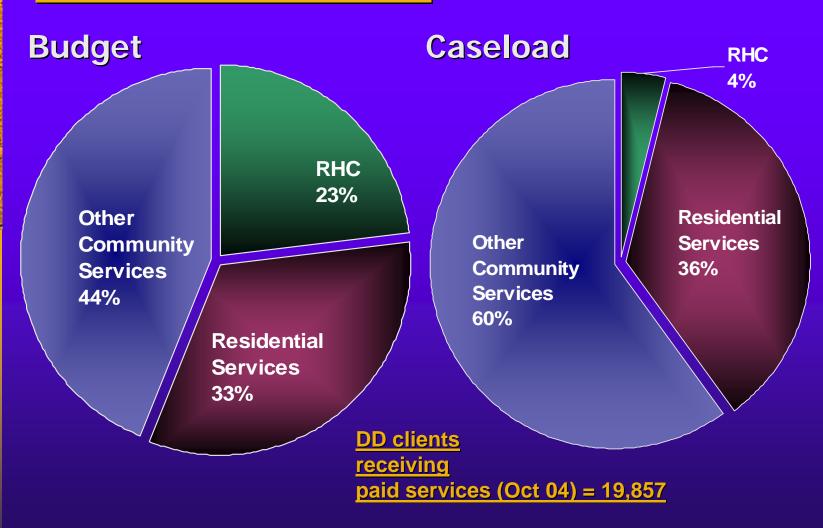
Progressively more restrictive eligibility in any area suffering budget cuts. (DDD eligibility for Medicaid personal care) Goal is to decrease or eliminate waiting list, which threatens to bring us back to square one: unidentified and untreated children and adults.

◆ One school nurse serving hundreds of children across several schools – generally focused on getting mandated paperwork completed.

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DSHS-DD Budget Summary

2003-2005 Biennium





Golden Opportunities

- In regard to individuals with ASD
 - Develop a model of services (for all people with ASD)
 - Support systems and organizations currently doing good work
 - Assist state to develop a strong infrastructure fostering growth and support for individuals with autism and their families
 - Assist state to develop a strong infrastructure fostering improved provider competency and capacity



Opportunity cont...

- ♦ In regard to all individuals with disabilities
 - Assure equal rights and opportunities for individuals with disabilities
 - Build a culture of inclusion and acceptance
 - Rebuild/change approach to education
 - Create policies that make basic human needs a priority